das.virainia.aov

Parking Request Form Carpool Attachment

To register your carpool for parking, please complete and return this form to primary assignee's Agency Parking Coordinator. This attachment must be submitted with a Parking Request Form for the primary assignee. After receiving a carpool request, a generic access card and one parking permit will be issued to the primary assignee.

ACTI	ON REQUEST	ED								
	Register New Carpool				Remove Carpool Assignee(s)					
	Updated Contact or Vehicle Information				Add New Carpool Assignee(s)					
PRIM	IARY A SSIGN	EE INFORMAT	ON							
Last Name:				First Name:				MI:		
Agency:				Phone:			=			
ADDITIONAL ASSIGNEE(S) Information										
Last Name:				First Name:			Ph	Phone #		
			Vehicle Make/ Model:				Pla Ty		State	
Alternate			Vehicle Make/ Model:				Pla Ty	ite	State	
Last Name:			First Name:				Ph	Phone #		
Primary License Plate #			Make/Model:				Ту	ре	State	
Alternate License Plate			Make/Model:				Ту	ре	State	
General The und	Services and to ersigned further	vledges his/her res promptly update a agrees to return t arking in a DGS ow	ny change he parking	es to the permit	above employ and/or access	ment, vehicle, a card issued for t	nd aut his spa	horized use	er information.	
Additional Assignee Signature:							Da	Date:		
Additional Assignee Signature:							Da	Date:		
Primary Assignee Signature:							Da	Date:		
Lot No.:							fectivate:	ective e:		
Entered By: Date Entered:										

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